

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107532277**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		6		1		
6		0		1		
7		6		1		
8		6		1		
9		6		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
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27		0		1		
28		0		1		
29		0		1		
30		0		1		
31	1					
32		1		1		
33		1		1		
34		3		1		
35		3		1		
36		2		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		6		1		
43		0		1		
44		0		1		
45		0		1		
46		2		1		
47		2		1		
48		0		1		
49		0		1		
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		2		1		
53		2		1		
54		0		1		
55		0		1		
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96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	64	←	54	←		←
TOTAL CLAIMS	66		56			